

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 10/665,351 Confirmation No. 4924
Applicant : VAN DE NIEUWELAAR et al.
Filed : September 22, 2003
Tech Center/AU : 2851
Examiner : Mathews, Alan A.
Entitled : LITHOGRAPHIC APPARATUS, COMPUTER
PROGRAM, DEVICE MANUFACTURING METHOD,
AND DEVICE MANUFACTURED THEREBY
Attorney Reference : 081468-0305843
Customer Number : 00909

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SEP 29 2004

CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8

I hereby certify that the following papers are being transmitted by facsimile
to Examiner Alan A. Mathews, at the U.S. Patent and Trademark Office at (703) 872-
9306 on the date shown below:

- Amendment Transmittal
- Amendment

Respectfully submitted,

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Date: September 29, 2004

TOTAL NUMBER OF PAGES IN FACSIMILE: 16

30483324_1.DOC

Attorney's Docket 081468-0305843
 Client Reference: P-0346.010-US

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Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

CLAIMS		HIGHEST NO.		PRESENT EXTRA	RATE	ADDIT. FEE			
REMAINING	AFTER AMENDMENT	PREVIOUSLY PAID FOR	=			=	\$		
TOTAL	16	-	20	=	0	x	\$ 18.00	=	\$ 0.00
INDEP.	2	-	3	=	0	x	\$ 86.00	=	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									
			+		\$ 290.00	=	\$ 0.00		
TOTAL ADDITIONAL CLAIM FEE								\$	\$ 0.00
GRAND TOTAL								\$	\$ 0.00

VAN DE NIEUWELAAR et al. -- 10/665,351
Client/Matter: 081468-0305843

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975.
Charge any additional fees required by this paper or credit any overpayment in the manner
authorized above. A duplicate of this paper is attached.

Date: September 29, 2004
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GRAND TOTAL					\$ 0.00

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AMENDMENT UNDER 37 C.F.R. §1.111

Mail Stop Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

Sir:

In reply to the Office Action dated September 3, 2004, please amend the above-
identified application as follows: